0ct DEPAR	. 24. 2012 1:521	PM The Bridge at Monte I AND HUMAN SERVICES	eagl e	. 1	No.). 0073 _{'RIN} P	5 10/12/2012
<u>CENTE</u>	RS FOR MEDICARE	& MEDICAID SERVICES	45	达	11/24/12		RM APPROVED NO. 0938-0391
STATEMENT AND PLAN (FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		CONSTRUCTION	(X3) DA1	TE SURVEY MPLETED
		. 445393	B, WIN	iG			0/10/2012
NAME OF P	ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CO		0/10/2012
BRIDGE	AT MONTEAGLE (TH	E)		26 SE	COND STREET TEAGLE, TN 37356		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	151011	PROVIDER'S PLAN OF CO	OBECTION	(75)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENT:FYING INFORMATION)	PREFI TAG	-	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHQULD BE	COMPLETION DATE
F 000	INITIAL COMMENT	rs	۴o	900			
			, ,		Disclaimer:		
F 226	investigation #3046 October 8-10, 2012 related to complaint	urvey and complaint 3 were completed on on No deficiencies were cited t investigation #30463 under tequirements for Long Term	F 2	170	The Bridge at Monteagle does not admit that any either before, during or a Facility reserves all rights findings through inform formal appeal proceedings	y deficiencie after the surv s to contest that al dispute ros s or any admi	s existed vey. The he survey esolution, inistrative
\$S=D	ABUSE/NEGLECT, The facility must de policies and proced mistreatment, negle	ETC POLICIES velop and implement written	Г	.20	or legal proceedings. The not meant to establish a contract obligation or po reserves all rights to contentions and defenses criminal claim, action or contained in this plan or considered as a waive	any standard sition and the raise all in any type of proceeding. I correction as r of any p	of care, e Facility possible of civil or Nothing should be otentially
	by: Based on medical r facility policy review failed to investigate	IT is not met as evidenced record review, observation, and interview, the facility an allegation of abuse for one nirty-nine residents reviewed.			applicable Peer Review, self critical examination Pacility does not waive at assert in any administraticalim, action or proceeding its response, credible alleand plan of correction a efforts to provide quality of	privilege wand reserves the tive, civil or or or. The Faciling attions of coast part of its	which the te right to criminal lity offers empliance ongoing
	Resident #147 was the facility with diag and Diabetes.	admitted on June 28, 2012 to noses of Dementia, Obesity,					
	Data Set (MDS) dat	ew of the admission Minimum ed July 3, 2012, revealed the ately cognitively impaired.					
	Progress Note dater revealed "resident resident had made s	ew of a Social Service d September 24, 2012, t had expressedanother some sexual comments"					
ABORATORY	// - 14	ER/SUPPLIER REPRESENTATIVE'S SIGN	LATURE.		TITLE		(X6) DATE
7	There the				APANNICEART		10/24/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Oct. 24. 2012 1:52PM The Bridge at M DEPARTMENT OF HEALTH AND HUMAN SERVICES The Bridge at Monteagle

No. 0073>RINP. 6 10/12/2012 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING _ 445393 10/10/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET BRIDGE AT MONTEAGLE (THE) MONTEAGLE, TN 37356 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (PACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 226 Continued From page 1 F 226 F226 Develop/Implement Abuse/Neglect, Etc. Policies Medical record review of a Social Service Review The facility must develop and implement writte. dated October 3, 2012, revealed "...BIMS (Brief Interview of Mental Status) is 15..." policies and procedures that prohibit mistreatment, neglect and abuse of residents and misappropriation of resident property. Review of facility policy, Abuse, Neglect, and Residents affected: Misappropriation, effective January 2012 revealed Resident #147 was assessed for emotional and "...it is the intent of this facility to immediately psychological stress related to being sexually report and thoroughly investigate allegations of harassed by another resident by social services and psych services. An abuse investigation was abuse...facility staff will be educated to report any initiated by the administrator with abuse training oral or written reports of allegations of for staff with written competency by the DON da abuse...accident and incident reports will be completed by facility...a thorough investigation will Residents potentially affected: be initiated immediately for all alleged incidents All Residents have the potential to be affected by involving residents..." the cited practice. All residents with a BIMS of §3 or more were interviewed by social services Interview with Resident #147 on October 9, 2012, director/social services assistant 10/12/12 to ensure at 8:55 a.m., in the resident's room, revealed the no sexual harassment concerns were identified. resident had reported to a staff member that None were verbalized or expressed. another resident had "borderline sexually Systemic measures: harassed" the resident verbally. The DON/designee will educate social services in director/ social services assistant and administrator on abuse policy and investigative procedure by Interview with the Director of Social Service on 10/19/12. The Social service director/designee will October 10, 2012, at 1:00 p.m., in the social report an allegation of sexual harassment to the service office, confirmed an allegation of abuse administrator and the clinical team throughout the had been made by the resident two weeks ago. week in stand-up daily. Any residents with sexual Continued interview at this time confirmed the harassment concerns will be placed on the Director of Social Service informed the former whiteboard process and assessed for emotional/psycho social wellbeing. The

Administrator of the allegation of abuse and no investigation had been completed.

Interview with the current Administrator on October 10, 2012, at 1:30 p.m., in the Marketing office, confirmed the facility had failed to investigate an allegation of abuse for one resident.

483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY

F 241

FORM CMS-2567(02-99) Provious Versions Obsolete

F 241

SS=D

Event (D: WZJG11

Facility ID: TN9101

If continuation sheet Page 2 of 27

administrator/designee will follow-up the next

The social services director/designee will report

any sexual harassment concerns throughout the

work week to the administrator/designee. Concerns

will be addressed in monthly QA X 2 months and

written competency.

Monitoring measures:

upon occurrence thereafter.

working day to review investigation process. The DON/designee will educate staff on abuse with

Oct. 24. 2012 1:53PM The Bridge at M DEPARTMENT OF HEALTH AND HUMAN SERVICES The Bridge at Monteagle

No. 0073RIN-P. 710/12/2012 **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B, WING 445393 10/10/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 28 SECOND STREET BRIDGE AT MONTEAGLE (THE) MONTEAGLE, TN 37356 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 241 Continued From page 2 F 241 F241 Dignity and Respect of Individuality The facility must promote care for residents in a The facility must promote care for residents in a manner and in an environment that maintains or manner and in an environment that maintains of enhances each resident's dignity and respect in enhances each resident's dignity and respect in full full recognition of his or her individuality. recognition of his or her individuality. Residents Affected: This REQUIREMENT is not met as evidenced Resident #71 and #95 were assessed by social services director/social service assistant for emotion and psychosocial concerns. None were Based on medical record review, observation, identified. The DON was educated by the Clinical and interview, the facility failed to maintain dignity consultant and CNA #4 was educated by the DON for two residents (#71, #95) of thirty-nine related to dignity 10/8/12 residents reviewed. Residents potentially affected: All residents have the potential to be affected by The findings included: this cited practice related to dignity. The DON/designee will educate direct care staff on Resident #71 was admitted to the facility on dignity. November 21, 2011, with diagnoses including Systemic Measures: The DON/designee will educate all direct care Dysphagia Weight Loss, Traumatic Brain Injury, staff on dignity during dining. Department heads and Anxiety. will be assigned to the dining room during afternoon meal service through-out the work week Medical record review of the Care Plan dated and report any dignity issues immediately to the August 1, 2012, revealed the resident required social service director/designee. The identified assistance with all Activities of Daily Living dignity concerns will be reported in stand up to the (ADL)'s. DON for follow-up education. The DON/designee will coach and mentor staff identified x2 weeks Observation on October 8, 2012, at 10:00 a.m., in and provided a written competency related to the dining room, revealed the resident sitting in a dignity. wheel chair at the doorway with a pink substance Monitoring Changes: The DON/designee will report any coaching and dripping from the mouth and on the clothes. mentoring of staff to the administrator/designer Areas of concerns will be addressed in monthly Observation on October 8, 2012, at 12:20 p.m., in QA X 2 months and upon occurrence thereafter the dining room, revealed resident #71 sitting at the table with a pink substance dripping from the mouth and on the clothes.

Observation on October 8, 2012, at 12:25 p.m., in the dining room, revealed resident #71 had been

No. 0073 RINP. 8 10/12/2012 FORM APPROVED OMB NO. 0938-0391

STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) A		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER AT MONTEAGLE (TH	<u> </u>		2	REET ADDRESS, CITY, STATE, ZIP CODE 16 SECOND STREET MONTEAGLE, TN 37356			
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		FROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULO BE	(X5) COMPLETION DATE	
F 241	wrapped in the nap this time revealed the potatoes and meatled Doservation on Octrevealed Certified Nather resident and fail and the resident and fail and the resident and the dining room, revenue with the Doctober 8, 2012, at confirmed the resident completed Interview with the Doctober 8, 2012, at confirmed the resident and the fait maintained when the care to clean the fait mely and had to expect the confirmed the resident with diagnoses included Chronic Obstrumed Tequire of Daily Living, and Observation on Octrevealed the resider a wheelchair. Furth	the silverware was still kin. Further observation at the resident eating mashed paf with the hands. The resident eating mashed paf with the hands. The resident eating mashed paf with the hands. The resident was the silverware observation at this time of the care Plan dated resident had cognitive disassistance with all Activities was incontinent of urine.	F	241				

Oct. 24. 2012 1:53PM The Bridge at N DEPARTMENT OF HEALTH AND HUMAN SERVICES The Bridge at Monteagle

No. 0073RINP. 910/12/2012 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445393 10/10/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET BRIDGE AT MONTEAGLE (THE) MONTEAGLE, TN 37356 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX PROVIDER'S PLAN OF CORRECTION PRÉFIX TAG (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 241 Continued From page 4 11/18/12 F 241 Observation on October 8, 2012, at 12:50 p.m., · F272 Comprehensive Assessments revealed the DON entered the dining room and The facility must conduct initially and periodically placed paper towels under the resident's a comprehensive, accurate, standardized wheelchair in the puddle of liquid. Further reproducible assessment of each resident's observation at this time revealed the DON exited functional capacity. the dining room, re-entered the dining room and removed the paper towels from under the Resident Affected; resident's chair. Resident #11,#18,#23 MDS was modified to reflect their current condition and functional status. Observation on October 8, 2012, at 1:27 p.m., in The DON educated the MDS coordinator/patient care coordinator and dietary manager regarding the dining room, revealed the resident continued accurate comprehensive assessments on 10/19/12. to sit in the dining room, no incontinence care had Residents potentially affected: been provided, and the resident's pants were wet. All residents have the potential to be affected by this cited practice regarding Comprehensive MIDS Interview with the DON on October 10, 2012, at assessments. Residents that required a MDS 2:00 p.m., in the DON's office, confirmed the assessment in the past 30 days will be reviewed for resident's dignity was not maintained when the accuracy coding by the DON/designee. resident was not provided incontinence care. System measures: The DON/designee educated MDS coordinator, F 272 483,20(b)(1) COMPREHENSIVE F 272 patient care coordinator and dietary manager on **ASSESSMENTS** \$\$=E accuracy of MDS data and assessments. The MDS coordinator and Patient care coordinator will The facility must conduct initially and periodically review the past 30 days of quarterly, annual and a comprehensive, accurate, standardized significant change assessments that were reproducible assessment of each resident's completed. The DON/administrative nurse will functional capacity. review 100% of quarterly, annual and significant change assessments for 1 month then 50% the A facility must make a comprehensive following month for accuracy of data. Concerns assessment of a resident's needs, using the identified by the DON/ Administrator nurse related to MDS coding accuracy will be addressed resident assessment instrument (RAI) specified throughout the work week in clinical meeting and by the State. The assessment must include at

least the following:

Customary routine;

Cognitive patterns;

Mood and behavior patterns;

Psychosocial well-being;

Communication:

Vision:

Identification and demographic information;

corrected immediately.

Monitoring changes:

The MDS coordinator/patient care coordinator will

provide a weekly validation report to the

DON/Administrative nurse will report

administrator to review for accuracy. The

discrepancies identified in MDS coding to the

coding discrepancies to the monthly QA x 2 months and upon occurrence thereafter.

administrator. The administrator will report MDS

Oct. 24. 2012 1:53PM The Bridge at Monteagle No. 0073 RINP. 100/12/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445393 10/10/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **26 SECOND STREET** BRIDGE AT MONTEAGLE (THE) MONTEAGLE, TN 37356 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 272 | Continued From page 5 F 272 Physical functioning and structural problems; Continence: Disease diagnosis and health conditions: Dental and nutritional status: Skin conditions: Activity pursuit; Medications; Special treatments and procedures; Discharge potential: Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.

This REQUIREMENT is not met as evidenced by:

Based on medical record review and interview the facility failed to conduct a comprehensive assessment on three residents (#11, #18, and #23) of thirty-nine residents reviewed.

The findings included:

Resident #11 was admitted to the facility on September 9, 2010, with diagnoses including Closed Intracapsular Fracture, Pneumonia, Muscle Weakness and Lumbar Fracture.

Medical review of the readmission Minimum Data Set (MDS), dated September 21, 2012, revealed the resident scored a 15 on the Brief Interview for Oct. 24. 2012 1:53PM The Bridge at M DEPARTMENT OF HEALTH AND HUMAN SERVICES The Bridge at Monteagle

No. 0073RIN-P. 110/12/2012 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445393 10/10/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **26 SECOND STREET** BRIDGE AT MONTEAGLE (THE) MONTEAGLE, TN 37356 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 272 Continued From page 6 F 272 Mental Status indicating the resident was cognitively intact. Further review revealed no documentation of the resident having dentures or having any mouth or facial pain, discomfort or difficulty with chewing. Medical record review of a Nurse's Note, dated August 28, 2012, revealed "...Slow to take medications...dentures ill-fitting..." Medical record review of a Nurses Note, dated September 21, 2012, revealed "...during med pass unable to take meds until dentures removed...states I have lost weight and can't even keep my dentures in...also related that meds have been getting hung on top of dentures...swallowed without difficulty after dentures removed..." Medical record review of a Nurse's Note, dated September 25, 2012, revealed "...Dentures are ill-fitting related to weight loss..." Observation on October 10, 2012, at 1:25 p.m., in the resident's room, revealed the resident sitting up on the bedside eating lunch. Continued observation revealed the dentures protruding from the resident's mouth and the resident stated "...it is hard to chew with these dentures because they are so loose..." Interview with Licensed Practical Nurse (LPN) #2 on October 10, 2012 at 1:35 p.m., in the West Wing Nurse's Station, revealed the "...residents

dentures are very loose since...lost weight...they flop down when...eats and we have to take the dentures out so...can swallow (resident) medications because they get in the way..."

Oct. 24. 2012 1:54PM The Bridge at Monteagle DEPARTMENT OF HEALTH AND HUMAN SERVICES No. 0073'RINP. 120/12/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ÇLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445393 10/10/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BRIDGE AT MONTEAGLE (THE) 26 SECOND STREET MONTEAGLE, TN 37356 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ΙD (X5) COMPLETION DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE ĩAG DEFICIENCY) F 272 Continued From page 7 F 272 Interview with the Director of Nurses (DON) on October 10, 2012, at 2:00 p.m., in the conference room, confirmed the MDS assessment was inaccurate regarding the resident's dentures and falled to address the difficultly in chewing. Resident #18 was admitted to the facility on December 22, 2011, and readmitted on July 27, 2012, with diagnoses including Cerebral Vascular Accident, Dementia, and Diabetes Mellitus Type 11. Medical record review of the quarterly MDS dated September 25, 2012, revealed the resident was currently on a scheduled toileting program. Interview with Certified Nurse Aide (CNA) #1 on October 10, 2012, at 10:10 a.m., confirmed the resident wears a brief, incontinent of urine 2-3 times a days, continent of bowel, searches for the bathroom, and not currently on a scheduled toileting program. Interview with Licensed Practical Nurse (LPN) #2 on October 10, 2012, at 10:20 a.m., in the West Wing Nurse's Station, confirmed the resident is continent at times, searched for the bathroom, and was not aware of a scheduled toileting program. Interview with the Restorative Nurse on October

10, 2012, at 10:40 a.m., in the rehabilitation office, confirmed the facility did not currently have

Interview with the MDS Coordinator on October 10, 2012, at 11:00 a.m., in the conference room,

any residents on a toileting program.

No. 0073_{RINT}P. 13_{0/12/2012} FORM APPROVED OMB NO. 0938-0391

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F 272	September 2012, hindividualized bladd established for the MDS was not accur Resident #23 was a with diagnoses included Alzheimer's Disease Thrive. Medical record revidually 13, 2012, reveal the rapeutic dies swallowing problem seventy-eight pound Medical record revidualized record revidualized and record revidualized record revidualized and record record record record record record reco	I and bladder assessment for ad been completed, no ler training program had been resident, and the quarterly rate. admitted on March 8, 2007, uding Senile Dementia, e, Dysphasia, and Failure to lew of an annual MDS dated aled the resident was currently et, no weight loss, no is, and the current weight was dis.	F 272			
	dated July 25, 2012 nutrition risksignif problemsFailure t (mechanical soft)f (dlagnosis) of Dysp Medical record revie Progress Note date "current wt (weigh wt 68.5 lbsnectar Observation on Oct	revealed "resident is at icant weight changechewing o thriverefuses to eatmech thickened liquidsDx hasia" ew of an Interdisciplinary d July 5, 2012, revealed at 166 lbs (pounds)previous				
	sitting in a wheelche observation reveale of the evening mea Interview with the M Dietary Manager on	air eating supper. Continued at the resident consumed 25% I and refused to eat. IDS coordinator and the October 9, 2012, at 9:34 facility had failed to complete				

No. 0073_{RINT}P. 140/12/2012 FORM APPROVED OMB NO. 0938-0391

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		445393	B. WII	NG_		10/1	0/2012
NAME OF F	ROVIDER OR SUPPLIER			STS	REET ADDRESS, CITY, STATE, ZIP CODE		O/EU IE
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040.45	<u> </u>	<u> </u>		_ N	MONTEAGLE, TN 37356	<u></u>	
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F 272	Continued Co.				1		
1" 212	Tomas and Trompo		F:	272		_	1.1.1.
	a Comprehensive N	ADS Assessment,			F279 Develop Comprehen	sive Care plan	11/16/12
F 279	483.20(d), 483.20(k	()(1) DEVELOP	F:	279	The facility was desired		
SS=D	COMPRÉHENSIVE	CARE PLANS	· · -		The facility must develop a com	prehensive care	•
i					plan for each resident that inclu- objectives and timetables to me	des measureable	
	A facility must use t	he results of the assessment			medical, nursing, and mental an	et a resident's	}
	to develop, review a	and revise the resident's			needs that are identified in the c	u psychologica.	[
	comprehensive plan	n of care	,		assessment,	ombieneigiae	
		TOT GETC.		l	Resident Affected:		
	The facility must de	velop a comprehensive care			Resident #36 caré plan was upd	ated to reflect	
	plan for each reside	ent that includes measurable		- 1	current dental status and the pot	ential for denta	re i
	Objectives and time	tables to meet a resident's		1	problems. The Resident was see	n by the dentist	on
	enting the composition	Education of a resident's			10/12/12. The lower dentures ar	e in the process	of
l	meede that are ident	nd mental and psychosocial			being repaired by one care denta	l solutions. Die	t
	assessment.	lified in the comprehensive			changed per resident request and	iMD order unt	ı
	999622111611f				lower dentures replaced.		
	The arm -1				Residents potentially affected:		
	The care plan must	describe the services that are			All residents have the potential	o be affected by	,
ı	to be furnished to at	tain or maintain the resident's		ľ	this cited practice regarding den	tal issues not	
	nignest practicable	physical, mental, and			addressed on the care plan. Care	plans of reside	nts
	psychosocial well-be	eing as required under		- 1	that currently wear dentures wer	e reviewed to	
	9483.25; and any se	ervices that would otherwise			ensure interventions for potentia	t problems wer	È
]	be required under §	483.25 but are not provided			included in the plan of care, System measures:		
•	due to the resident's	exercise of rights under		- {	The DON/designee will educate	1000	
	§483.10, Including ti	he right to refuse treatment			and patient care coordinator on a	wind contains	wr
	under §483.10(b)(4)).			plans related to dentures. The M	DS	ĺ
ļ					coordinator/designee will review	100% of	
				ļ	residents that currently have den	tures to ensure	
	This REQUIREMEN	IT is not met as evidenced		- 1	dental issues or the potential for	problema is car	<u>. </u>
	py:	•			planned. The MDS coordinator/i	patient care	.=
	Based on medical r	ecord review and interview,			coordinator will notify the DON	Social service	
	the facility failed to d	complete an accurate			director when denture concerns a	are identified	ļ
]	comprehensive asse	essment and individualized			during clinical meeting throughout	ut the week. T	l e]
İ	care plan to include	accurate dental status for		-	MDS coordinator/patient care co	ordinator will	
!	one resident (#36) o	f three residents reviewed for			update the care plan immediately	to reflect their	·
j	dental services.	30 TOURONIES TOMOWOO (OI			current plan of care related to de	ntures,	
				Į	Monitoring changes:		. !
	The findings include	.d.			The DON/Social service director	will report to f	he
i	The manya mende	;u,			administrator denture problems a	ind/or issues	
	Pacident /#26\				identified, Any denture problems	will be addres	sea [
i	Mas (actt (470)	originally admitted to the		- i	monthly in QA x 2 months and u	pon occurrence	; <u> </u>

No. 0073-RINP. 1510/12/2012 FORM APPROVED OMB NO. 0938-0391

STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE S COMPLE	
		445393	B. Wil	1G_		10/1	0/2012
	PROVIDER OR SUPPLIER AT MONTEAGLE (TH	E)	·•	2	REET ADDRESS, GIYY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356	1 1011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 279	facility February 8, 2 Congestive Heart F	ge 10 2006, with diagnoses including ailure, Hypertension, Diabetes ic Obstructive Pulmonary	Fí	279			
·	Data Sets (MDS) da the resident was co- Oral/Dental assessi "none of the above"	ew of the annual Minimum ated June 18, 2012, revealed gnitively intact and the ment section had been coded in reference to the presence uth or facial pain or difficulty					
	Medical record revie Assessments dated February 8, 2012, re teeth and wore dent	February 9, 2011 and evealed the resident had no					
	the Interdisciplinary potential for denture addressed, no ident potential problem fo	ification of dentures as a r the resident, no assessment or the resident or planned					
	the East dining room no natural teeth, had time" and "had seve broke and I haven't fixed." The resident	sident on October 8, 2012, in a confirmed the resident had a worn dentures "for a long ral sets" but my lower denture seen the dentist to get it further stated he had told the ken denture and requested the dentist.					
	10, 2012, at 10:30, a	rector of Nursing on October at the East Nurse's Station, was not aware of the		į			

No. 0073_{'RIN'}P. 16_{0/12/2012} FORM APPROVED OMB NO. 0938-0391

STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) A A. BU		IPLE CONSTRUCTION	(X3) DATE SI	(X3) DATE SURVEY COMPLETED	
		445393	B. WII	NG_		40/4	0/2049	
	ROVIDER OR SUPPLIER AT MONTEAGLE (TH	E)		2	REST ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356	110/1	<u>0/2012</u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE	
F 279	resident's broken de did not individually a for the resident, and and interventions shall the plan of care. 483.20(d)(3), 483.11 PARTICIPATE PLA The resident has the incompetent or othe incapacitated under participate in plannischanges in care and A comprehensive assinterdisciplinary tear physician, a register for the resident, and disciplines as determined to the extent properties of the extent properties and revised by a tear and revised by a tear and revised by a tear and interview, the faplan related to ill fitti (#11) of three resident (#11)	enture, resident's Care Plan address dental/denture issues I the resident's dental status nould have been included in D(k)(2) RIGHT TO NNING CARE-REVISE CP eright, unless adjudged rwise found to be the laws of the State, to ng care and treatment or I treatment. Are plan must be developed ne completion of the essment; prepared by an in, that includes the attending red nurse with responsibility I other appropriate staff in nined by the resident's needs, acticable, the participation of ident's family or the resident's and periodically reviewed im of qualified persons after. T is not met as evidenced ecord review, observation, cility failed to revise a care ng dentures for one resident ent's reviewed.		280	F280 Right to Participate Pia Revise CP Resident Affected: Resident #11 care plan was update current dental status and the potent problems. The Resident was seen b	d to reflect ial for dentur by Dr. Sheltor esident #11's greplaced. Di ID order unti be affected by issues not resider cviewed to roblems were DS coordinat uracy of care color of cs to ensure oblems is care ical service identified the week. Th dinator will reflect their res. ill report to th for issues ill be address ill be address ill be address ill present to the color issues ill be address ill be address ill be address ill be address	et uß	
	The findings include	d:		Ì				

No. 0073_{RIN}-P. 170/12/2012 FORM APPROVED OMB NO. 0938-0391

STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION	(X3) DATE S	
		445393	B, WII	NG_		10/1	0/2012
	ROVIDER OR SUPFLIER AT MONTEAGLE (TH	E)		2	REET ADDRESS, CITY, STATE, ZIP CODE 66 SECOND STREET MONTEAGLE, TN 37356	1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO GROSS-REPERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	September 9, 2010 Closed Intracapsula Muscle Weakness a Medical record revie Minimum Data Set (2012, revealed the r Brief Interview for M resident was cogniti revealed no docume dentures or having a discomfort or difficu Medical record revie August 28, 2012, rev medicationsdentur Medical record revie September 21, 2012 pass unable to take removedstates I h even keep my dentu meds have been getswallowed without removed" Medical record revie September 25, 2012 ill-fitting related to we Medical record revie Interdisciplinary Care October 4, 2012, rev	admitted to the facility on with diagnoses including or Fracture, Pneumonia, and Lumbar Fracture. Ew of the readmission (MDS), dated September 21, resident scored a 15 on the lental Status indicating the vely intact. Further review entation of the resident having any mouth or facial pain, lty with chewing. Ew of a Nurse's Note, dated vealed "Slow to take res ill-fitting" Ew of a Nurses Note, dated meds until dentures ave lost weight and can't lives inalso related that liting hung on top of dentures difficulty after dentures difficulty after dentures are eight loss" Ew of the Nutrition of the Plan, last updated on realed "resident is af risk as realed "resident is af risk as realed "resident is af risk as	F:	280	DEFICIENCY)		
}	the last 180 dayscl	cant weight changes within hewing problem" the care plan revealed the					

Oct. 24. 2012 1:55PM The Bridge at Monteagle DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO<u>. 0938-0391</u> STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445393 10/10/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, SYATE, ZIP CODE 26 SECOND STREET BRIDGE AT MONTEAGLE (THE) MONTEAGLE, TN 37356 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 280 Continued From page 13 F 280 F281 Services Provided Meet Professional ////6//2 "ill-fitting dentures" were not addressed in the Standards care plan, The services provided or arranged by the facility must meet professional standards of quality Observation on October 10, 2012, at 1:25 p.m., in Resident Affected: the resident's room, revealed the resident sitting Resident #129 vital signs were assessed by the up on the bedside eating lunch. Continued licensed nurse. Vital signs were within normal limits. observation revealed the dentures protruding The Nurse Practitioner was notified and order for from the resident's mouth and the resident stated Nitroglycerin was clarified by the unit manager "...it is hard to chew with these dentures because Residents potentially affected: All residents that receive nitroglycerin patches have they are so loose..." the potential to be affected by this cited practice. All resident's medication administration record whom Interview with Licensed Practical Nurse (LPN) #2 had nitroglycerin patch orders were reviewed for on October 10, 2012, at 1:35 p.m., in the West accuracy of order to include dosage and removal of Wing Nurse's Station, revealed the "...residents patch by the medical records director. dentures are very loose since (resident) has lost Systemic measures: weight...they flop down when...eats and we have The DON/designee will educate licensed nurses on to take the dentures out so...can the administration of Nitroglycerin patches to include swallow...medications because they get in the dose and administration and removal. The DON/unit way..." managers will read orders out loud in the clinical meeting during the work week to check for appropriate dosage and timing of medication Interview with the Director of Nurses (DON) on administration. The DON/designee will perform October 10, 2012, at 2:00 p.m., in the conference rounds on residents that receive Nitroglycerin patches room, confirmed the care plan had not been weekly x 8 weeks. Any Nitroglycerin patches with revised related to the resident's ill-fitting dentures. discrepancies will be addressed and corrected F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET F 281 immediately. PROFESSIONAL STANDARDS SS≒D Monitoring changes The DON/designee will report to the QA committee concerns identified with Nitroglycerin patches The services provided or arranged by the facility monthly X 2 months and upon occurrence thereafter. must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide timely removal of a resident's nitroglycerin patch per physician order, pharmacy instruction, and manufacturer's specifications for one resident

No. 0073RINTP. 180/12/2012

No. 0073prii^p. 1910/12/2012 FORM APPROVED OMB NO. 0938-0391

STATEMEN AND PLAN (TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SI COMPLE	JRVEY TED
		445393	B. WIN	1G		10/1	0/2012
	PROVIDER OR SUPPLIER AT MONTEAGLE (TH	fE)		26	EET ADDRESS, CITY, STATE, ZIP COD SECOND STREET ONTEAGLE, TN 37356		<u> </u>
(X4) ID PREFIX TAG	Continued From pa (#129) of thirteen remedication adminis The findings includ Medical record reviprescription label on itroglycerin patcher revealed "Nitroglyhour) patch apply 18AM, OFF 8PM)" Medical record revidated October 1-31"Nitroglycerin patcher in itroglycerin patcher itrogl	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) age 14 esidents reviewed for stration. ed: iew of the resident's in the resident's box of es in the medication cart ycerin 0.4mg/hr (milligrams per patch topically daily (ON) iew of the Physician's Orders 1, 2012, revealed in Transdermal apply 1 patch ufacturer's specifications repriate dosing schedule for es would include daily patch-on in the property of the property of the patch on the property of the patch on the property of the patch o	ID PREFETAG	MC x	PROVIDER'S PLAN OF COR (PACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE ADEFICIENCY) F282 Services by Qualified Plan The services provided or arrange must be provided by qualified provided by qualified provided to a resident services provided by a service plan was updated to the provided to the provided to the problems. The Resident was seen DDS on 10/16/12 and 10/22/12, dentures are in the process of be changed per resident request and dentures replaced. Residents potentially affected: All residents have the potential to this cited practice regarding demandlers and the care plan. Care that currently wear dentures werensure interventions for potential included in the plan of care. System measures: The DON/designee will educate	SHOULD BE APPROPRIATE I Persons/Per Canned by the facility ersons in accordant of care, ated to reflect ential for denture in by Dr. Shelton, Resident #11's ing replaced. Diet I MD order until to be affected by tal issues not explain of resident in the problems were	ice
F 282 SS=D	of 10-12 hours" Observation of a ra October 9, 2012, at (#129) room reveal #1 (LPN) removed patch before applyi Interview with LPN a.m., in the East Ha was not removed tipharmacy label, an specifications. 483.20(k)(3)(ii) SEF PERSONS/PER CA	RVICES BY QUALIFIED	F 2	82	and patient care coordinator on a plans related to dentures. The M coordinator/designee will review residents that currently have dendental issues or the potential for planned. The MDS coordinator/jecoordinator will notify the DON director when denture concerns during clinical meeting throughor MDS coordinator/patient care coupdate the care plan immediately current plan of care related to de Monttoring changes: The DON/Social service director administrator denture problems a identified. Any denture problems monthly in QA x 2 months and a thereafter.	accuracy of care DS v 100% of tures to ensure problems is care patient care /Social service are identified out the week. The pordinator will y to reflect their antures. r will report to the and/or issues s will be addresse	•

Oct. 24. 2012 1:55PM The Bridge at Monteagle DEPARTMENT OF HEALTH AND HUMAN SERVICES

No. 0073_{RINT}P. 20_{3/12/2012} FORM APPROVED OMB<u>NO. 0938-0391</u>

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				. 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	FIPLE CONSTRUCTION	(X3) DATE S	URVEY
		445393	B, WING		10/1	0/2012
	ROVIDER OR SUPPLIER AT MONTEAGLE (TH	IE)	ł	REET ADDRESS, CITY, STATE, ZIP COD 26 SECOND STREET MONTEAGLE, TN 37356		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION ! CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 282	must be provided b	ge 15 y qualified persons in ich resident's written plan of	F 282			
	by: Based on medical and interview, the fa	NT is not met as evidenced record review, observation, acity failed to provide dental sident (#11) for three resident's				
	The findings include	ed:				i
	September 9, 2010 Closed Intracapsula	admitted to the facility on with diagnoses including ar Fracture, Pneumonia, and Lumbar Fracture.				
	Set (MDS), dated S the resident scored Mental Status indica cognitively intact. I documentation of the	te readmission Minimum Data deptember 21, 2012, revealed a 15 on the Brief Interview for aling the resident was Further review revealed no be resident having dentures or a facial pain, discomfort or no.			·	
	Medical record revieway August 28, 2012, remedicationsdentu	ew of a Nurse's Note, dated vealed "Slow to take res ill-fitting"		,		
	September 21, 2012 pass unable to take removedstates I h	ew of a Nurses Note, dated 2, revealed "during med meds until dentures lave lost weight and can't ures inalso related that stting hung on top of				

No. 0073²RIN^P. 211**0/12/2012** FORM APPROVED OMB NO. 0938-0391

STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A BU		PLE CONSTRUCTION	(X3) DATE S COMPLE	
·		445393	B. WII	VG_		10/1	0/2012
	PROVIDER OR SUPPLIER AT MONTEAGLE (TH	IE)		2	REET ADDRESS, CITY, STATE, ZIP CODE 6 SECOND STREET MONTEAGLE, TN 37356	<u> </u>	
(X4) ID PREFIX TAG	I (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PRÉF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	III D RE	(X5) COMPLETION DATE
F 282	denturesswallowed dentures removed. Medical record reviseptember 25, 201 ill-fitting related to will-fitting related to wi	ew of a Nurse's Note, dated 2, revealed "Dentures are veight loss" ew of the Nutrition re Plan, last updated on ovealed "resident is at risk as icant weight changes within chewing problem" Continued plan revealed the "ill-fitting addressed in the Care Plan. bober 10, 2012 at 1:35 p.m., in prevealed the resident sitting ing lunch. er 10, 2012 at 1:35 p.m., in the realed "both upper and lower and they have been loose for a weighthave not seen a fee to see one" ocial Services Worker #1, on at 2:05 p.m., in the facility on and did not see the resident. It is the seen by the dentist. It is everaled "the nursing staff tion sheet to let us know if a lie and this is discussed in the facilityswe never got a	F	282			

Oct. 24. 2012 1:56PM The Bridge at Monteagle DEPARIMENT OF HEALTH AND HUMAN SERVICES

No. 0073RINP. 220/12/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 445393 10/10/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BRIDGE AT MONTEAGLE (THE) **26 SECOND STREET** MONTEAGLE, TN 37356 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 282 Continued From page 17 F 282 No Catheter, Prevent UTI, Restore ////6/12 Bladder Interview with the Secured Unit Manager on Based on the resident's comprehensive assessment, October 10, 2012, at 3:00 p.m., in the secured the facility must ensure anyone who enters the unit nurses station, revealed "...any issues are facility without an indwelling is not catheterized discussed in the morning stand-up meetings...the unless the residents clinical condition demonstrates 24 hour shift reports are given to the manager that catheterization was necessary; and a resident and then taken to the stand-up meetings by the who is incontinent of bowel and bladder receives department head..." Further interview revealed appropriate treatment and services to prevent urmary "...we should have caught this and been on top of tract infections and to restore as much normal bladder the issue..." Further interview confirmed dental function as possible services were not obtained for the resident, Resident Affected: Resident #18 was assessed for a bowel and bladder program which was initiated on 10/16/12. Interview with the Director of Nursing (DON) on Residents potentially affected: October 10, 2012, at 2:00 p.m., in the conference All residents who have not been assessed for a bowel room, confirmed dental services were not and bladder program have the potential to be affected obtained for the resident, by the deficient practice. 483.25(d) NO CATHETER, PREVENT UTI, F 315 Systemic measures: F 315 RESTORE BLADDER SS=D The DON/designee will perform a 100% review of all residents who flagged for low risk incontinent episodes. A bowel and bladder assessment will be Based on the resident's comprehensive completed by the restorative nurse manager/designee. assessment, the facility must ensure that a The restorative nurse manager will be educated by resident who enters the facility without an the DON/SDC on bowel and bladder assessment on indwelling catheter is not catheterized unless the admission and changes to bowel and bladder pattern. resident's clinical condition demonstrates that Monitoring changes: catheterization was necessary; and a resident The DON/designee will review residents monthly who is incontinent of bladder receives appropriate that flag for low risk incontinence and ensure a treatment and services to prevent urinary tract completed bowel and bladder assessment was infections and to restore as much normal bladder performed. Any bowel and bladder concerns identified will be addressed immediately and reported function as possible. in monthly QA x 2 months. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to implement an

incontinence.

individualized bladder training program for one (#18) of three residents reviewed for urinary

No. 0073_{RIN}P. 23_{0/12/2012} FORM APPROVED OMB NO. 0938-0391

STATEMEN AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER;	(X2) N A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
····-		445393	B. Wi	NG_	<u> </u>	10/1	0/2012
	ROVIDER OR SUPPLIER AT MONTEAGLE (TH	E)		2	REET ADDRESS, CITY, STATE, ZIP CODE 18 SECOND STREET MONTEAGLE, TN 37356		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	JD PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X6) COMPLETION I DATE
	December 22, 2011 2012, with diagnose Accident, Dementia II. Medical record revie Data Set (MDS) dat revealed the resider incontinent of urine. Medical record revie Assessment dated A "Mental Statusco voidcommodeco Medical record revie Form dated July 27, was continent of bla Medical record revie Examination dated a "urinary incont (inc Observation on Octo the West Wing Hall, in the hall with the re Interview with Certifi October 10, 2012, a resident wore a brief	dmitted to the facility on and readmitted on July 27, and readmitted on July 27, as including Cerebral Vascular, and Diabetes Mellitus Type wo of the quarterly Minimum ed September 25, 2012, at was occasionally wo of a Bladder Management April 30, 2012, revealed onfusedwhere does resident onlinent" We of a Nursing Admission 2012, revealed the resident dder.	F	315			
	bathroom, and was toileting program.	not currently on a scheduled				į	

No. 0073_{2RIN}P. 24_{10/12/2012} FORM APPROVED OMB NO. 0938-0391

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		IPLE CONSTRUCTION	(X3) DATE S	
		445393	1		·	10/4	0/2012
	PROVIDER OR SUPPLIER AT MONTEAGLE (TH	E)	_	2	REET ADDRESS, CITY, STATE, ZIP GODE 26 SECOND STREET MONTEAGLE, TN 37356	1 10/1	0/2012
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx.	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323 SS=D	Interview with Licen on October 10, 201: Wing Nurse's Statio continent at times a bathroom. Interview with the R 10, 2012, at 10:40 a office, confirmed the completed quarterly referrals to restorati was indicated, and thave any residents of the line of the line of the restoration of the line of the restoration of the restoration of the line of the restoration of the rest	sed Practical Nurse (LPN) #2 2, at 10:20 a.m., in the West in, confirmed the resident was ind searched for the estorative Nurse on October i.m., in the rehabilitation is MDS Coordinators assessments, would make we nursing when a decline the facility did not currently on a toileting program. DS Coordinator on October i.m., in the conference room, and bladder assessment for ad been completed and no ar training program had been esident. ACCIDENT //SION/DEVICES sure that the resident is as free of accident hazards each resident receives in and assistance devices to T is not met as evidenced on and interview, the facility the resident environment	F3	315	F323 Free of accident Hazards/Supervision And Devices The facility must ensure that the receiver and as is possible; and each restreceives adequate supervision and adevices to prevent accidents. Resident affected: The hemorrhoid pads were remove 206. Residents potentially affected: All residents have the potential to be by this cited practice. 100% of all restarched for unattended medication observed. Systemic measures: The department heads will perform rounds throughout the work week a unattended medications. Any medicabserved in the rooms will be immeremoved and reported to the DON/The resident will be assessed for seadministration of medication per an interdisciplinary team. If resident is administer medications a MD order obtained and a lockbox placed in the safety. Monitoring changes: The DON/designee will report any observed in rooms unattended will be in monthly QA x 2 months and upo occurrence thereafter.	ident ident assistance d from room e affected coms were None were None were walking observing for cations ediately designee. If safe to must be eir room for medications e eerved addressed	11/16/12

No. 0073_{PRIN}P. 25_{0/12/2012} FORM APPROVED OMB NO. 0938-0391

A BUILDING A BUILDING BRIDGE AT MONTEAGLE (THE) STREET ADDRESS, CITY, STATE, 2IP CODE 26 SECOND STREET MONTEAGLE, TN 37356 (EACH DESPICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 323 Continued From page 20 The findings included: Observation and interview with the Director of Operations, on October 9, 2012, at 7:58 a.m., in the bathroom of room 206, revealed a sixteen ounce jar, one-half full of hemorrhoid pads labeled, "if swallowed get medical help or contact a poison control center right away." Further interview at this time with the Director of Operations confirmed the facility had failed to maintain a resident environment free of accident hazards. E 368 E 368 E 3756 F 323 F 356 Posted Nurse Staffing information The facility must post the following information on a daily basis – facility name, the ourset date, the total number and the actual hours worked by the following categories of licensed and unlicensed musting staff directly responsible for resident care per shift to include registered nurses, ilicensed practical nurses or vocational nurses, certified nurse aides and resident care per shift to include registered nurses, certified nurse aides and resident affected and potentially affected: All residents have the potential to be affected by this cited practice related to staffing. The DON was educated on the staffing posted	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA (X		(X2) MULTIPLE CONSTRUCTION			ONID NO. 0830-0381			
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE) STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FREFIX TAG Continued From page 20 The findings included: Observation and interview with the Director of Operations, on October 9, 2012, at 7:58 a.m., in the bathroom of room 206, revealed a sixteen ounce jar, one-half full of hemorrhoid pads labeled, "if swallowed get medical help or contact a poison control center right away." Further interview at this time with the Director of Operations confirmed the facility had failed to maintain a resident environment free of accident hazards. E 366 BRIDGE AT MONTEAGLE (THE) STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 323 F 323 F 356 Posted Nurse Staffing information The facility must post the following information on a daily basis — facility name, the current date, the total number and the actual hours worked by the following categories of licensed and milicensed mursing staff directly responsible for resident care per shift to include registered nurses, licensed practical nurses or vocational nurses, certified nurse aides and resident cansus. Resident affected and potentially affected: All residents have the potential to be affected by this cited practice related to staffing. The DON was educated on the staffing posted	AND PLAN OF CORRECTION		IDENT:FICATION NUMBER:				(X3) DATE SURVEY COMPLETED				
STREET ADDRESS, CITY, STATE, 2IP CODE 26 SECOND STREET MONTEAGLE, TN 37356 (X4) ID PREFIX TAG (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 20 The findings included: Observation and interview with the Director of Operations, on October 9, 2012, at 7:58 a.m., in the bathroom of room 206, revealed a sixteen ounce jar, one-half full of hemorrhoid pads labeled, "if swallowed get medical help or contact a poison control center right away." Further interview at this time with the Director of Operations confirmed the facility had failed to maintain a resident environment free of accident hazards. STREET ADDRESS, CITY, STATE, 2IP CODE 26 SECOND STREET MONTEAGLE, TN 37356 PROVIDER'S PLAN OF CORRECTION (K6) PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 323 F 324 F 325 F 325 F 325 F 326 Posted Nurse Staffing information The facility must post the following information on a daily basis – facility name, the current date, the total number and the actual hours worked by the following categories of licensed and unlicensed mursing staff directly responsible for resident care per shift to include registered nurses, licensed practical nurses or vocational nurses, certified nurse aides and resident census. Resident affected and potentially affected: All residents have the potential to be affected by this cited practice related to staffing. The DON was educated on the staffing posted			445393	B. WII	4G_		10/4	0/2042			
SUMMARY STATEMENT OF DEFICIENCIES (EACH OSFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CONTINUED FROM INFORMATION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) CONTINUED FROM INFORMATION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 323 Continued From page 20	NAME OF PROVIDER OR SUPPLIER					REST ADDRESS CITY STATE 219 CODE	1 10/10	W. ZO 1 Z			
F 323 Continued From page 20 The findings included: Observation and interview with the Director of Operations, on October 9, 2012, at 7:58 a.m., in the bathroom of room 206, revealed a sixteen ounce jar, one-half full of hemorrhoid pads labeled, "if swallowed get medical help or contact a poison control center right away." Further interview at this time with the Director of Operations confirmed the facility had failed to maintain a resident environment free of accident hazards. F 323 F 323 F 324 F 325 F 325 F 325 F 325 F 326 F 326 F 327 F 328 F 328 F 329 BRIDGE AT MONTEAGLE (THE)				26 SECOND STREET							
The findings included: Observation and interview with the Director of Operations, on October 9, 2012, at 7:58 a.m., in the bathroom of room 206, revealed a sixteen ounce jar, one-half full of hemorrhoid pads labeled, "if swallowed get medical help or contact a poison control center right away." Further interview at this time with the Director of Operations confirmed the facility had failed to maintain a resident environment free of accident hazards. F356 Posted Nurse Staffing information The facility must post the following information on a daily basis – facility name, the current date, the total number and the actual hours worked by the following categories of licensed and unlicensed mursing staff directly responsible for resident care per shift to include registered nurses, licensed practical nurses or vocational nurses, certified nurse aides and resident affected and potentially affected: All residents have the potential to be affected by this cited practice related to staffing. The DON was educated on the staffing posted	PRÉFIX	I (EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION			
INFORMATION The facility must post the following information on a daily basis: O Facility name. O The current date. O The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: Registered nurses or licensed vocational nurses (as defined under State law). Certified nurse aides. O Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: O Clear and readable format. O In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public	F 356	The findings included Observation and informations, on Octobre bathroom of rocounce jar, one-half labeled, "if swallows a poison control cerinterview at this time Operations confirm maintain a resident hazards. 483.30(e) POSTED INFORMATION The facility must post a daily basis: o Facility name. o The current date. o The total number by the following cate unlicensed nursing resident care per shalf a Registered nurse o Resident census. The facility must post specified above on a of each shift. Data to Clear and readable o In a prominent pla residents and visitor.	terview with the Director of ober 9, 2012, at 7:58 a.m., in om 206, revealed a sixteen full of hemorrhoid pads ed get medical help or contact inter right away." Further e with the Director of ed the facility had failed to environment free of accident. NURSE STAFFING st the following information on and the actual hours worked egories of licensed and staff directly responsible for nift: reses. tical nurses or licensed as defined under State law). e aides. st the nurse staffing data a daily basis at the beginning must be posted as follows: e format, ice readily accessible to rs.			F356 Posted Nurse Staffing is The facility must post the followin information on a daily basis — facility must post the followin information on a daily basis — facility current date, the total number and thours worked by the following cate licensed and unlicensed nursing staresponsible for resident care per sharegistered nurses, licensed practice vocational nurses, certified nurse a resident census. Resident affected and potentially All residents have the potential to by this cited practice related to staffing requirements per federal regulation Systemic Measures: The DON/SDC/HR were educated related to the revised nursing staffit is posted and the importance of upsheet to reflect actual nursing staffit worked. The DON/SDC will educanurses on daily staffing sheet and resource director/designee will revestaffing sheet daily throughout the 1 month for accuracy of nursing staworked and census. The human resource director/designee will report any director/designee will report any director/designee human resource director/designee. Monitoring changes: The human resource director/designeport discrepancies to the adminis weekly x 1 month. Any concerns weekly x 1 month.	gity name, the the actual egories of aff directly iff to include I nurses or ides and affected: the affected fing. The posted is. on 10/8/12 mg sheet that dating the and hours ate charge evising it the human iew the daily work week a aff, hours source iscrepancies sted staffing the church and hours aff, hours source iscrepancies ated staffing the human in the human is work week a aff, hours source iscrepancies ated staffing the human in the human is work week a aff, hours source iscrepancies ated staffing the human in the human is work week a aff, hours source is a staffing the human is a staffing				

No. 0073_{'RIM}P. 26_{0/12/2012} FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
<u> </u>	445393 B. WING		10/1	10/2012			
BRIDGE	PROVIDER OR SUPPLIER AT MONTEAGLE (TH			2	REET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356	<u></u>	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	iX.	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPA DEFICIENCY)	NFO BE	(X5) COMPLETION OAYE
F 356	for review at a cost standard. The facility must mast staffing data for a magnitude of the last staffing data for a magnitude of the last staffing data and interest of the last staffing was seven by the la	aintain the posted daily nurse minimum of 18 months, or as aw, whichever is greater. NT is not met as evidenced tion, review of facility dinterview the facility failed to reseateffing data. ed: Nurse staffing on October 8, revealed seven Licensed PN) and one Registered view of the posted nurse terview with the Director of October 9, 2012, at 11:30 allway, revealed the staff PN's, and one RN. The actual LPN's and one RN. Interview med the posted Nurse staffing the CONTROL, PREVENT tablish and maintain an orgam designed to provide a comfortable environment and development and transmission.	F4	356	The facility must establish and maintai Control Program designed to provide and comfortable environment and to he development and transmission of disection. Residents affected: Residents affected: Resident # 101, #49 nurse educated on importance of wearing gloves while perfinger sticks, administering insulin and glucometer machine. Resident #54 wholeaned on 10/10/12 with disinfectant and #2 were educated on handling of a the DON. Residents potentially affected: All residents have the potential to be an not wearing gloves, soiled linen handli cleaning the blood glucose machines. DON/designee began educating licenses 10/10/12 related to cleaning blood glucose while performing an administering insulin and direct care at washing and handling soiled linen. Systemic measures: The DON/ designee will educate license cleaning glucose machines, wearing gluperforming an accucheck and administ and direct care staff on hand washing a soiled linen. The DON/designee will competency on licensed staff regarding blood glucose machines, handwashing and administering insulin. The DON/designee will competency on licensed staff regarding blood glucose machines, handwashing and administering insulin. The DON/designee will educate insulin to techniques and cleaning of equipment. Any areas identified during the medica be immediately corrected with the licenteducation provided by the DON/design Monitoring change: The DON/designee will report concern with infection control and medication publical meeting and to the administration addressed in QA monthly x 2 months a occurrence thereafter.	in an Infection a safe, sanitary elp prevent the use and a 10/9/12 on the erforming a cleaning the neelchair was and CNA #1 soiled linen by a ffected by suffing and not. The ed nurses on cose machine, even the ed and aff on hand aff on hand aff on hand a cleaning omplete a g cleaning, accuehecks esignee will licensed or ensure proper is performed ation pass will need nurse and see. It is identified or throughout tified will be	

No. 0073-RINP. 27(0/12/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
445393			B. Wil	NG_		10/10/2012		
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 441	Program under whi (1) Investigates, co in the facility; (2) Decides what p should be applied t (3) Maintains a rec- actions related to ir (b) Preventing Spre (1) When the Infect determines that a r prevent the spread isolate the resident (2) The facility mus communicable dise from direct contact direct contact will tr (3) The facility mus hands after each di hand washing is ind professional practic (c) Linens Personnel must has	of Program stablish an Infection Control ich it - introls, and prevents infections rocedures, such as isolation, o an individual resident; and ord of incidents and corrective infections. The ead of Infection Ition Control Program esident needs isolation to of infection, the facility must it prohibit employees with a rase or infected skin lesions with residents or their food, if ansmit the disease. It require staff to wash their rect resident contact for which licated by accepted	. ·	141				
	by: Based on observatinterview, the facility control during an in: (#101), failed to app	NT is not met as evidenced ion, facility policy review, and failed to maintain infection sulin injection for one resident ply gloves prior to performing a ministering an insulin injection						

Oct. 24. 2012 1:57PM No. 0073 RIMP. 28:0/12/2012 The Bridge at Monteagle DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445393 10/10/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **26 SECOND STREET** BRIDGE AT MONTEAGLE (THE) MONTEAGLE, TN 37356 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 441 Continued From page 23 F 441 for two residents (#49, #101), failed to follow infection control practice for handling of soiled linens for one resident (#54), and cleaning of the blood glucose monitor for one of five blood glucose monitors. The findings included: Observation on October 9, 2012, at 5:25 p.m., revealed Licensed Practical Nurse (LPN) #1 entered the room, placed the blood glucose monitor on the resident's bedside table. performed a finger stick and an insulin injection for resident #49 with ungloved hands. Further observation at this time revealed the LPN exited the room wiped the blood glucose monitor with a sani-wipe, immediately used the blood glucose monitor without allowing to dry. Observation on October 9, 2012, at 5:40 p.m., revealed Licensed Practical Nurse #1 performed a finger stick and an insulin injection for resident #101 with ungloved hands, dropped a lancet on the floor picked the lancet up from the floor and did not wash the hands. Review of facility policy, Handwashing, dated effective December 2010, revealed "...staff will wash their hands...to prevent the spread of infections or germs,...'

FORM CMS-2567(02-99) Previous Versions Obsole(e

between each patient..."

Review of facility policy, Cleaning of Equipment In Personal Contact, dated effective December 2010, revealed "...disinfect the exterior surface after each use...according to the guidelines provided by the manufacturer...1 minute...wipe dry or allow to air dry between cleaning and

Event ID: WZJG11

Facility ID: TN3101

If continuation sheet Page 24 of 27

No. 0073_{'RIN}P. 29_{10/12/2012} FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		ľ	B. WING				
445393			B. WII	<u> </u>		10/1	0/2012
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)				2	REET ADDRESS, CITY, STATE, ZIP CODE 6 SECOND STREET MONTEAGLE, TN 37358		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPROPERTIES OF THE APPRO	ULD BE	(XS) COMPLETION DATE
F 441	Continued From pa	ge 24	F4	141			
	Equipment in Personal	irector of Nursing (DON) on at 2:00 p.m., in the DON office, y failed to follow the facility					
	Resident #54 was a March 12, 2012, wit Cerebral Vascular A Hypertension, and S Medical record reviet Data Set (MDS) data resident was severe required extensive a daily living. Observation on Octobre resident's room, revealed Certified N and CNA #3 changing clothes. Continued of	control, handwashing, and ent in personal contact. dmitted to the facility on h diagnoses including accident, Vascular Dementia, senile Dementia. Ew of the annual Minimum ed April 4, 2012, revealed the ely cognitively impaired and assistance with activities of other 10, 2012, at 2:30 p.m., in during incontinence care, ursing Assistant (CNA) #2 ag the resident's wet brief and observation revealed CNA #2 as, placed them in a bag and					

Oct. 24. 2012 1:57PM The Bridge at Monteagle DEPARTMENT OF HEALTH AND HUMAN SERVICES

No. 0073_{PRII}P: __3010/12/2012 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445393 10/10/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET BRIDGE AT MONTEAGLE (THE) MONTEAGLE, TN 37356 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ťΦ (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 441 Continued From page 25 F 441 F463 Resident Call system-Rooms/Toilet/Bath placed the dirty unsecured bag in the resident's The nurses' station must be equipped to receive /1//6//2wheelchair. Further observation revealed CNA #2 resident calls through a communication system from took the soiled brief, placed the brief in a bag and resident rooms; and toilet and bathing facilities. placed the dirty unsecured bag in the resident's Resident affected: wheelchair. The emergency call system in the resident's bathrooms on East Wing Hallway (rooms 114-130. Interview with CNA #2 on October 10, 2012 at 109-131), Central hallway (rooms 133-233, 132-2:35 p.m., in the resident's room, confirmed the 232), West hallway (201-215, 202-216) were corrected the same day. A Call light system watch dirty contaminated unsecured bag with soiled was initiated on 10/8/12 until the emergency call linen and the soiled brief were placed in the light system was properly functioning. resident's wheelchair during the incontinence Residents potentially affected: care. Further interview confirmed the wheelchair All residents have the potential to be affected by the is used during transfer to other departments and emergency call light system in the bathroom not activities by the resident. working properly. The maintenance director performed 100% audit of all emergency bathroom Review of facility policy, Perineal Care, dated call lights. December 2010 revealed "...place bag of dirty Systemic measures: laundry in barrel outside resident's room..." The maintenance director/designee performed 100% audit on all emergency bathroom call lights on 10/8/12. The maintenance director/designee will Interview with Licensed Practical Nurse (LPN) #2 check 50% of emergency bathroom call lights x (the unit charge nurse) on October 10, 2012, at month beginning 10/23/12 then 25% of emergency 3:00 p.m., in the West Wing Nurses Station, bathroom call lights x 1 month beginning 11/23/12. confirmed the resident's wheelchair is used The maintenance director/designee after 2 months during transfer for the resident and contaminated will then check 10 rooms per month as preventative articles should not be stored in the resident's maintenance program. The maintenance wheelchair. director/designee will report to the administrator 483.70(f) RESIDENT CALL SYSTEM emergency bathroom call lights not functioning F 463 F 463 ROOMS/TOILET/BATH properly and fix them immediately. SS≃F Monitoring changes: The maintenance director/designee will report to the The nurses' station must be equipped to receive administrator emergency bathroom call lights that resident calls through a communication system aren't functioning properly. The administrator will from resident rooms; and toilet and bathing report findings related to the emergency bathroom facilities. call lights to the monthly QA x 2 months and upon occurrence thereafter. This REQUIREMENT is not met as evidenced

Based on observation and interview, the facility

by:

No. 00735_{RIN}P. 31_{IO/12/2012} FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE S	(X3) DATE SURVEY COMPLETED	
		445393	B, WING	·	10/1	IN(2012	
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356				
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO 1) DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 463	failed to ensure the	e emergency call light systems, athrooms, were properly one of seventy-two resident	F 46				
	Observation on Oc p.m. and 4:30 p.m. system in the resid functioning propert (rooms 114-130, 1 (rooms 133-233, 1 Hallway (201-215,	ctober 8, 2012, between 3:30 , revealed the emergency call lent's bathrooms were not y for the East Wing Hallway 09-131), the Central Hallway 32-232) and on the West					
	on October 8, 2012 Wing Hallway, con- ensure the emerge bathrooms, were fu Wing Hallway (roo Central Hallway (ro	c. at 3:20 p.m., in the East firmed the facility failed to not call lights, in the resident's inctioning properly for the East ns 114-130, 109-131), the loms 133-233, 132-232) and ay (201-215, 202-216).					